



**Issue 20**  
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**Inside this Issue:**

<b>NMCP Graduates 2006 Pastoral Care Residency Class</b>	<b>2</b>
<b>Army 1<sup>st</sup> Medical Brigade Passes Torch to Navy Medical Task Force Commander</b>	<b>2</b>
<b>NEPMU7 Ends Service After Half a Century</b>	<b>3</b>
<b>Navy Medicine Education, Training Command Officially</b>	<b>4</b>
<b>Department of Defense Task Force on Mental Health Town Hall Meeting Announced</b>	<b>4</b>
<b>WWII Era X-ray Technician Returns to NH Keflavik</b>	<b>5</b>

**Items of Interest:**

**October is National Breast Cancer Awareness Month.** For over 20 years, women and men have been educating themselves about early breast cancer detection, diagnosis and treatment. Thought breast cancer is usually detected and diagnosed in women over the age of 40, breast cancer can affect both women and men, sometimes at a very early age (20's). One of the ways to check your breast health is a monthly self breast exam. Mammograms are the best line of defense in the early detection of breast cancer. If you suspect that you may have breast cancer, you should contact your physician immediately. For more information on breast cancer, visit <http://www.cancer.gov/cancertopics/types/breast>

# **Navy and Marine Corps Medical News**

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## **Traumatic Brain Injury Summit Meets on Military, VA Combat Care**

By Ellen Crown, National Naval Medical Center Public Affairs

**BETHESDA, Md.** - Military and Veterans Affairs medical experts gathered for a traumatic brain injury summit convened by the Navy's Surgeon General at the National Naval Medical Center Sept. 18-20 to work toward a more unified approach to assessing and treating combat-injured troops.

The top leaders in the traumatic brain injury field were asked to address pertinent questions related to the assessment and treatment of brain injury, as summit participants discussed how to apply the current state of science to blast injury patients.

The Defense Department and Veterans Affairs Traumatic Brain Injury Executive Board collaborate

on the three-day meeting that included more than 40 attendees. Dr. Maria Mouratidis, chair of the executive board and head of the Traumatic Stress and Brain Injury Program at the National Naval Medical Center, said while the military and Veterans Affairs medical centers are all currently caring for traumatic brain injury patients, each has maintained its own screening and treatment process.

A unified strategy shared by all the branches of the Defense Department and Veterans Affairs will promote more accurate and rapid diagnosis, as well as continuity of care for war wounded, Mouratidis said.

"Our service men and women

*(Continued on page 3)*



**JACKSONVILLE** – Naval Air Station Jacksonville Commanding Officer Capt. Chip Dobson (right) presents the Well Workplace Gold Award to Naval Hospital Jacksonville Commanding Officer Capt. Raquel Bono during morning Quarters at the hospital Sept. 22. The award, from the Wellness Council of America, recognized the team effort of the hospital's Wellness Center and the base Morale Welfare and Recreation (MWR) fitness programs. *U.S. Navy photo by Hospital Corpsman 1<sup>st</sup> Class Michael Morgan*

## NMCP Graduates 2006 Pastoral Care Residency Class

By Mass Communication Specialist  
3rd Class Emily Zamora, Fleet Public  
Affairs Center Atlantic

**PORPSMOUTH, Va.** - In a spiritual ceremony, the Pastoral Residency (PCR) class of 2006 graduated at Naval Medical Center Portsmouth (NMCP), Sept. 29.

The graduation of seven chaplains from the United States and Canada marked the 100th graduate from the program.

"It's a great honor because this has probably been the finest training I've had as far as counseling," said Capt. Gilburn Thompson, a Canadian Forces Army chaplain and 100th graduate of PCR.

Thompson, a Pentecostal minister, will become the chaplain at the Canadian Air Station in Moose Jaw, Saskatchewan, a North Atlantic Treaty Organization (NATO) pilot training school.

"I really think it's a state-of-the-art program," said Lt. Cmdr. Jeffrey Terry, a graduate of the PCR course. "I think it is the best."

The PCR program is part of the Clinical Pastoral Education (CPE) program that was founded by Dr. Richard Cabot and Chaplain Russell Dicks at the Massachusetts General Hospital (MGH) in 1934. The program is open to persons from many vocations and religious traditions as a continuing education opportunity, to integrate skills of spiritual caregiving into their work.

"It's a training program to help people in the area of listening and responding to material presented," said Kim Nielson, director of clinical services, Tidewater Clinical Pastoral Education program.

Nielson has led the program for 22 years, graduating his first one-year class of three in 1985.



"We get a lot of feedback from chaplains after they leave about how their ministry has been enhanced and how much better they feel, how much more competent they feel," said Nielson.

## Army 1<sup>st</sup> Medical Brigade Passes Torch to Navy Medical Task Force Commander

By Mass Communications Specialist  
1<sup>st</sup> Class (AW) Russell Tafuri, Expeditionary Medical Facility—Kuwait

**CAMP ARIFJAN, KUWAIT** - In a landmark event that underpins the "One Team – One Mission" ideal, Commanding Officer Expeditionary Medical Facility-Kuwait (EMF-K) Navy Capt. C. Forrest Faison III, assumed authority as Commander, Medical Task Force-Kuwait (MTF-K) following an Army Transfer of Authority (TOA) ceremony held September 30 at Camp Arifjan.

The TOA transferred command and control for the health services and support mission in Kuwait and Qatar from Commander 1<sup>st</sup> Medical Brigade Colonel James S. Rice to Faison who will still remain Commanding Officer of EMF-K in addition to his new role as Commander, MTF-K.

This transferring of authority from an Army commander to a Navy commander whereby the Navy commander assumes tactical control (TACON) of Army units in

Kuwait and Qatar is a further example of the services working together to complete the mission at hand. "This transfer of authority will be invisible to our 'customers' as they will still receive the same standard of care," stated Rice.

Faison echoed the Colonel's sentiments stating, "This is a great opportunity that couldn't have happened had the two services not been working together as one team already. This is a natural evolution – the two services working together to get the job done.

"The change will be seamless and our patients will continue to receive the same level of care they have to come to expect. We are Army and Navy units with a one team, one fight, one purpose mindset – to provide the best medical support in theater we can," confirmed Faison.

Commander 377<sup>th</sup> Theater Support Command Army Gen. Thomas G. Robinson presided over the ceremony and explained how this exemplifies how the two services have

acted as one when it comes to the mission at hand. "The bottom line of all this is that we all have but one single mission to focus on – provide the best possible medical care all our Sailors, Soldiers, Airmen and Marines need."

The Army components now TACON to the MTF-K Commander include the Forward Team (FT) 6<sup>th</sup> Medical Logistics Management Center, 218<sup>th</sup> Veterinary Services Detachment, and 227<sup>th</sup> and 981<sup>st</sup> Preventative Medicine Detachments.

Faison summed it up best stating that although service traditions may be different, the mission will always be the same and "what uniform we wear is and will be completely inconsequential to providing the best health care to America's heroes."

MTF-K is comprised of seven Army units and EMF-K which is staffed by Navy personnel from 26 different commands from around the world deployed in support of Operation Iraqi Freedom (OIF).

## NEPMU7 Ends Service After Half a Century

By Mass Communications Specialist  
1<sup>st</sup> Class (AW) Brian A. Goyak, Naval  
Air Station Sigonella, Sicily

**SIGONELLA, Sicily** - Navy Environmental and Preventive Medicine Unit Seven (NEPMU7) held its disestablishment ceremony Sep. 22.

Speakers shared a history of the command during the Duomo Conference Center ceremony onboard Naval Air Station (NAS) Sigonella.

As part of his remarks to the departing command Capt. William Stover, Naval Environmental Health Center commanding officer, discussed the reasons behind the unit's disestablishment.

"In accordance with Chief of Naval Operations (CNO) 2005 guidance the closure of NEPMU7 will allow for greater efficiencies and increased readiness through regional consolidation of services," he said. "Manpower assets will be used to support current and future forward deployed preventative medicine units deployments in support of the war fighter."

In NEPMU7's absence services

such as malaria prevention and travel clinic will be taken over by the Flight Line Clinic. Other responsibilities, like port assessments, will be absorbed by NEPMU2 of Norfolk, VA.

Since its inception 50 years ago NEPMU7 has provided humanitarian and disaster relief throughout the Sixth Fleet Area of Responsibility. From giving expert advice on an outbreak of meningococcal meningitis in Palermo to contributing to the improvements of municipal water systems in Ethiopia. NEPMU7 has consistently met the challenges that have come their way.

First established as Navy Preventive Medicine Seven in 1956 and commissioned May 2, 1957, the command did not receive its current designation of NEPMU7 until 1971. The unit provided public health services to Sixth Fleet and was originally home ported at Naval Support Activity (NSA) Naples to be relocated to NAS Sigonella in 1995.

NEPMU7's more recent accomplishments include the use of Forward Deployed Preventive Medical Units (FDPMU) in both Desert



Shield/Desert Storm and Operation Iraqi Freedom I, II and III. Cmdr. David Claborn, NEPMU7 officer in charge (acting) cited the command involvement in the earthquake relief effort in October of 2005 as highlight of the commands long history when asked.

Some members of NEPMU7, like Chief Hospital Corpsman Lawrence Kendall, were reluctant to go.

"My family and I really loved it here," he said. "It's a small community so you get to know a lot of different people. We really loved it here and are sad to go."

## TBI Summit continued...

*(Continued from page 1)*

are returning with significant brain injuries, most acquired through an improvised explosive device blast," Mouratidis said. "The intention of the summit was not to just review the current state of the literature... but to implement the current state of science into a comprehensive and continuous standard of care from the battlefield through the military treatment facilities and...the Veterans Affairs centers."

Results of the summit's findings are not yet available to the general public. Mouratidis said the group is currently compiling data and "best practices" and intends to submit a paper on their findings to the office of the Assistant Secretary of Defense for Health Affairs.

The Centers for Disease Control and Prevention (CDC) define traumatic brain injuries as caused by a

blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain.

Mouratidis points out the traumatic brain injuries sustained in combat are different and more complex. Sudden air pressure changes from an explosion can also injure the brain directly, producing concussions or contusions. Often times, however, combat-related traumatic brain injuries are "three-fold," she explained. A service member may sustain brain injuries from a powerful shock wave of rapid air pressure shift caused by the initial blast. Then, he may be hit in the head with flying fragments. Furthermore, the actual explosion may physically propel him to hit his head against a hard surface or his vehicle may rollover causing a compound head injury.

"Very few injuries...can have

such devastating long term consequences as undiagnosed traumatic brain injuries," said Cmdr. James Dunne, lead trauma surgeon at the National Naval Medical Center. "These individuals may appear fine but have problems with relationships, holding down jobs and integrating back into society as a whole."

Traumatic brain injuries are categorized as "mild," "moderate," or "severe," based on the patient's length of unconsciousness, post-traumatic amnesia, and change in cognitive abilities. The CDC estimates 5.3 million Americans are living with significant impairments due to traumatic brain injuries.

National Naval Medical Center experts have treated nearly 500 combat-related traumatic brain injury cases since April 2003.

## Navy Medicine Education, Training Command Officially Transforms

By Mass Communications Specialist 3rd Class Heather Weaver National Naval Medical Center

**BETHESDA** - Naval Medical Education and Training Command (NMETC) officially became Navy Medicine Manpower, Personnel, Training and Education Command (NMMPTEC) Oct. 4. The new command was formed to align with the Surgeon General's priority of a "One Navy Medicine."

"We are combining all the manpower and personnel functions side by side with the training and education," said Capt. Robert Quinones, NMMPTEC Commander. "What this does is it allows us to surge to the future and bring together the Chief of Naval Operations' (CNO) Sea Warrior concept of ensuring we have the right Sailor with the right skills at the right time for the right job, and that's exactly what we're going to do."

"It's time to transition to a system that better encompasses the alignment and direction of Navy Medicine and the Navy," said Rear Adm. Carol Turner, former Naval Education and Training Commander. "It's difficult to disestablish a command and let go of what was. The light here is that we are building something better, more aligned and more focused on today's environment. NMMPTEC is clearly the next step in aligning and focusing our resources."

Turner said the new command is separated into four parts:

## Department of Defense Task Force on Mental Health Town Hall Meeting Announced

From Cynthia Vaughan, Army Medical Command Public Affairs

**WASHINGTON** - The Department of Defense (DoD) Task Force on Mental Health will host an open town hall meeting, 8 a.m.-3 p.m., Thursday, Oct. 19 and 12 - 5 p.m., Friday, Oct. 20, at the Marriott San Diego Mission Valley in San Diego.

The meeting is open to the public and provides an opportunity for all beneficiaries of DoD mental health care to share their experiences with Task Force members. On Friday from 12:30 - 2:30 p.m., the Task Force will listen to any issues concerned Service members and their families have to say about mental health issues and mental health services. Veteran and military service organizations are invited to make statements from 3:00 - 5:00 p.m., Friday.

According to the Task Force co-chairs, members want to hear from beneficiaries about all aspects of mental health care, including access, quality – even the stigma associated with seeking this care. They are also interested in understanding how deployments impact children and spouses, and about care received from civilian practitioners.

The Task Force was established at the direction of Congress and will submit a report to the Secretary of Defense in May 2007 that will include an assessment of, and recommendations for improving the effectiveness of mental health services provided to service members. The Task Force consists of seven DoD members and seven non-DoD members. It is co-chaired by Lt. Gen. Kevin Kiley, Army Surgeon



**BETHESDA** - New Navy Medicine Manpower, Personnel, Training and Education Commander Capt. Robert Quinones and Executive Officer Capt. Susan Herron unveil the command's emblem. U.S. Navy photo by Mass Communications Specialist 3<sup>rd</sup> Class Heather Weaver National Naval Medical Center

Workforce management — executes personnel management strategies for end strength, promotion, accession programs, school quotas, retention and enlisted officer bonuses for both active and reserve components.

(Continued on page 5)



General, and Dr. Shelley M. MacDermid, Associate Professor in the Department of Child Development and Family Studies, Purdue University and the Co-Director for the Military Family Research Institute at Purdue.

For a list of members of the DoD Mental Health Task Force, click on the following URL: <http://www.ha.osd.mil/afeb/mhtf/members.cfm>

## WWII Era X-ray Technician Returns to NH Keflavik

**By Capt. Michael McCarten, Command Officer, Naval Hospital Keflavik**

### NAVAL HOSPITAL KEFLAVIK

- On Sept. 15, U.S. Naval Hospital Keflavik concluded official operations as a Navy Military Treatment Facility onboard Naval Air Station Keflavik (NASKEF). The facility had been in operation since 1973.

On that last day of operations, the hospital crew received a surprise visit from Frank McGuire, who served as an X-ray technician for the U.S. Army in Keflavik in 1945 and 1946.

McGuire and his son Mike planned to travel to Keflavik to visit the base and hospital prior to its closure. After their tour, McGuire was asked if things in Keflavik had changed at all in the past 60 years. "A wee bit," he said.

McGuire served in the U.S. Army in the closing days of World War II. He describes an eight-day transit between Boston and Reykjavik aboard a personnel carrier, arriving in Reykjavik Harbor on George Washington's birthday, Feb. 22, 1945. As the ship entered the harbor, Reykjavik was being hit with

the type of ferocious winter storm for which Iceland is famous. The young Frank McGuire's thought at the time was, "What have I gotten myself into?"

As McGuire commenced his medical duties, he describes a smoothly run operation. At the height of World War II, 45,000 U.S. military personnel were stationed in Iceland and as a result, McGuire and his fellow Soldiers remained quite busy.

"I remember doing weekly x-rays on a fellow who had broken his femur in a skiing accident. Every week you could see the calcium buildup growing larger and larger, McGuire recollects. "The human body is fascinating."

Following his tour in Iceland, McGuire was discharged from the Army.

During his visit to the base, McGuire became an instant celebrity. In addition to being welcomed by the hospital crew, McGuire met with Capt. Mark Laughton, Commanding Officer, NASKEF, and Lt. Cmdr. Bill Dermott, NASKEF Chaplain. McGuire's visit was an opportunity for many active duty person-



**NAVAL HOSPITAL KEFLAVIK** - Frank McGuire, WWII era X-ray technician, with CAPT McCarten, Commanding Officer, U.S. Naval Hospital Keflavik, on the last day of hospital operations at U.S. Naval Hospital Keflavik, Sept 15. U.S. Navy photo by Capt. Michael McCarten

nel to honor someone who preceded them and had paved the way.

As a pioneer of military medicine in Iceland, it is fitting that McGuire should visit us in our last day of operations in our hospital facility. The Hospital corpsmen, as well as all those who met Mr. McGuire during his base tour, were thrilled to meet him and each expressed their sincere thanks for his service to our country in those troubled times.

## NMMPTEC continued...

(Continued from page 4)

Transformation — develops and oversees transformational tools, including total force 5-Vector Models, integrated Learning Environment and Knowledge Management.

Functional integration — unifies all Medical Manpower, Personnel, Training and Education command's issues, such as requirements for training, emergency needs, lessons learned, changed or new policies, coming into the command and the exiting portal for appropriate execution.

Workforce development — executes the day to day activities associated with the workforce, including curriculum management, development of reusable learning objects, course design changes, accreditation or certification requirements and management of graduate medical department education.

"The CNO has defined the Sea Warrior as 'the training education and career-management systems

that provide for the growth and development of our people and enhance their contribution to our joint war-fighting ability,'" Turner said. "To meet the ... operational and health care requirements of Navy Medicine, Sailors require special knowledge, skills and training. This command will support the learning needs of today's Sailors, along with the manpower and personnel requirements."

NMETC was transformed to NMMPTEC to best meet the Navy's changing priorities, Quinones said. He said the new command will enhance training components, but most importantly, it will take care of Sailors and help them shape their careers.



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